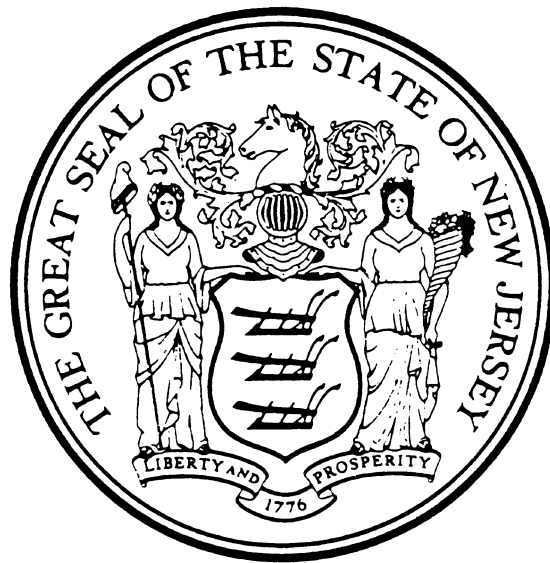


**STATE OF NEW JERSEY**  
**Division of Gaming Enforcement**



**CASINO HOTEL ALCOHOLIC BEVERAGE**  
**CONSUMER ALCOHOLIC BEVERAGE**  
**TASTING PERMIT APPLICATION**

**STATE OF NEW JERSEY**  
**Division of Gaming Enforcement**

**CONSUMER ALCOHOLIC BEVERAGE TASTING PERMITS**

A Casino Hotel Alcoholic Beverage (CHAB) licensee may conduct an alcoholic beverage tasting event or tasting dinner on its premises, provided a consumer alcoholic beverage tasting permit has been issued by the Division of Gaming Enforcement (Division). An application for this permit must be filed a minimum of 30 days before the event is held.

A consumer alcoholic beverage tasting event or dinner must be conducted and promoted in connection with an instructional program for alcoholic beverage products and be limited to participants who purchase a ticket.

The serving of alcohol at consumer tasting events is as follows:

- If the event includes a dinner, there can be no more than five ounces of any one malt alcoholic beverage, naturally-fermented wine or sparkling wine and no more than one-half ounce of any one fortified wine or distilled spirit.
- If the event is only for tasting, there can be no more than four ounces of any one malt beverage or one and one-half ounces of any one naturally fermented wine or sparkling wine and no more than one-half ounce of any one fortified wine or distilled spirit.

Each CHAB licensee hosting a tasting event is required to provide the Division with a copy of the menu, program or other written description of the event.

Additional information about a temporary miscellaneous permit can be found in the CHAB temporary miscellaneous contingency permit application form or by calling (609) 317-6218.

**STATE OF NEW JERSEY  
DIVISION OF GAMING ENFORCEMENT  
CITICENTER BUILDING, 4<sup>TH</sup> FLOOR/CHAB  
1300 ATLANTIC AVENUE  
ATLANTIC CITY, NJ 08401**

**APPLICATION  
CONSUMER ALCOHOLIC BEVERAGE TASTING PERMIT**

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**INSTRUCTIONS:**

1. A complete, original application must be filed with the Division at least 30 days prior to the scheduled event.
2. In accordance with *N.J.A.C. 13:69A-9.7(e)2*, the fee for a CHAB Consumer Alcoholic Beverage Tasting Permit is \$50. A check or money order for the appropriate amount, payable to the CASINO CONTROL FUND, must be included with the completed application. Pursuant to *N.J.A.C. 13:69A-9.19(b)*, this fee is nonrefundable should the event be canceled.

3. Send your application and fee to:

**Division of Gaming Enforcement  
CitiCenter Building, 4<sup>th</sup> Floor/CHAB  
1300 Atlantic Avenue  
Atlantic City, NJ 08401**

4. Any supplier, manufacturer or wholesaler which holds an annual special permit for consumer tasting events issued by the New Jersey Division of Alcoholic Beverage Control (ABC), may hold a tasting or tasting dinner on the premises of a CHAB licensee without filing this application, as long as a copy of the permit issued by the ABC is filed with the Division no later than one day prior to the event.
5. If you have any questions about this form, please call (609) 317-6218.

**STATE OF NEW JERSEY  
DIVISION OF GAMING ENFORCEMENT  
CITICENTER BUILDING, 4<sup>TH</sup> FLOOR/CHAB  
1300 ATLANTIC AVENUE  
ATLANTIC CITY, NJ 08401**

**CONSUMER ALCOHOLIC BEVERAGE TASTING PERMIT**

1. Name, address and daytime phone number of the CHAB licensee applying for the permit:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address (Number and Street)

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Area Code Number Fax Number (if any)

2. Name, address, daytime phone number, and email address of the person who should be contacted regarding this permit:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address (Number and Street)

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Area Code Number Fax Number (if any)

\_\_\_\_\_  
E-Mail Address

3. Specify if this is a tasting or a tasting dinner event:

☐ Tasting      ☐ Tasting Dinner

4. Provide the name of the authorized room or location where the event will be held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Date(s) and time(s) of the event:

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**Note:** The Division is to be notified immediately if any changes are made to date(s) and time(s).

6. What is the amount of the fee that will be charged per person? \$\_\_\_\_\_

7. Describe the instructional program that will take place at the event:

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**Note:** A copy of the program, menus, or any other written description, including publicity notices, must either be attached to this application or provided to the Division no later than five days in advance of the scheduled event.

8. Attach a list of the alcoholic beverages that will be served during the tasting or tasting dinner, including the amount of each that will be served to the participants.

9. Will the alcoholic beverages required for the event be obtained or purchased exclusively from the CHAB licensee hosting the event?

Yes ☐ No ☐

If NO, indicate from where the alcoholic beverages will be obtained or purchased:

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Name

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Address (Number and Street)

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City

State

Zip Code

**Note:** If the alcoholic beverages will be obtained or purchased from more than one source, identify all of these sources as an attachment to this application.

### **ACKNOWLEDGMENT OF CHAB LICENSEE**

The following conditions must be agreed to before a Consumer Alcoholic Beverage Tasting Permit is issued:

1. The CHAB licensee shall be liable for any violations of all applicable alcoholic beverage laws and regulations during the event.
2. If the tasting event for which this permit is requested is more than one day, arrangements must be made for the safekeeping and storage of all alcoholic beverages in an authorized and licensed storage area within the casino hotel facility.
3. The CHAB licensee shall not sample, sell, serve, or deliver, or allow, permit or suffer the sampling, sale, service, or delivery of any alcoholic beverage, directly or indirectly to for consumption by any person under the legal age to consume alcoholic beverages, nor to any who is actually or apparently intoxicated.
4. Permission is given to the Division of Gaming Enforcement and its duly-authorized representatives, investigators and agents, to investigate the sale of alcoholic beverages at the event for which this application is made.

\_\_\_\_\_  
Signature/Title of Applicant Representative

\_\_\_\_\_  
Print Name of Signer

\_\_\_\_\_  
Date

**CERTIFICATION AND AGREEMENT  
FROM CHAB LICENSEE**

I certify that not more than 25 special event permits have been authorized for these premises during this calendar year.

I further certify that I am the person in charge of the premises, or an agent for the owner of the facility, upon which the tasting event will be held; that I am fully authorized to and do hereby certify that there are no objections to the sale and service of alcoholic beverages upon such premises at such event.

It is understood that as the Casino Hotel Alcoholic Beverage licensee, I will be jointly and severally liable, for any violation(s) of applicable alcoholic beverage laws and regulations of the New Jersey Division of Alcoholic Beverage Control and/or the Division of Gaming Enforcement.

\_\_\_\_\_  
Signature/Title of CHAB Licensee Representative

\_\_\_\_\_  
Print Name of Signer

\_\_\_\_\_  
Date